

Life Insurance Claim Form



JACKSON®

National Life Insurance Company

Home Office: Lansing, Michigan

www.jackson.com

Instructions for Prompt Payment

- Use dark ink only to complete this claim form. Print or type.
- Claimant must sign, print name and date the claim form on page 2.
- Include a certified copy of the finalized death certificate for the deceased with manner of passing.
- If the claimant is a Trustee, please provide a complete copy of the trust agreement, including all amendments and the Trust Tax Identification Number.
- If the claimant is an Executor, Administrator, Guardian or other legal representative, please provide a certified copy of the court appointment.
- If the claimant is an Attorney-in-Fact on behalf of the beneficiary, please include the Power of Attorney instrument.
- If any of the beneficiaries named in the policy are deceased, please provide a copy of their death certificate.
- If the claimant is an ex-spouse, please provide a copy of the divorce decree and property settlement agreement.
- If the claimant is a non-resident alien, please provide a completed and signed Form W-8BEN and the Individual Taxpayer Identification Number.
- Please return in the postage paid envelope provided.

DECEASED INFORMATION (please print)

Deceased's Name (First) (Middle) (Last) Other Name(s) by which Deceased was known

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Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy) Marital Status of the Deceased

		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single
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Social Security Number of Deceased (IMPORTANT) Policy Number(s) for which you are claiming benefits

	1. <input type="text"/>	2. <input type="text"/>
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CLAIMANT INFORMATION (please print)

Claimant's Name (First) (Middle) (Last) Claimant's Social Security Number

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Name of Non-natural Entity Claimant (if applicable) Tax Identification Number

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Claimant's Physical Address (No P.O. Boxes) City State ZIP Code

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Claimant's Mailing Address City State ZIP Code

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Date of Birth (mm/dd/yyyy) Relationship to the Deceased Daytime Phone Number (including area code)

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Claimant's Email Address

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US Citizen? Yes No
Currently Residing in US? Yes No



Delivery of Funds: Select One (A-D)

Note: If a selection is not indicated, unavailable, or multiple selections are indicated, a check will be mailed to your address of record.

A. **ACH/Direct Deposit:** (default if a voided check is attached below)

ACH/Direct Deposit can only be made into accounts for the named claimant.

ACH/Direct Deposit will not be established without receipt of a voided check or a letter from your bank.

I hereby authorize Jackson National Life Insurance Company® (Jackson®) to direct deposit into the account identified below, until further notice, all policy payments due to the owner of the policy. If the policy is owned by a trust, I affirm that I am the current trustee of the trust and am authorized to make this request on behalf of the trust. This authorization will remain in effect until it is revoked in writing. I and/or the trust hereby release and agree to indemnify and hold Jackson harmless from any and all claims arising out of or in any way related to Jackson's actions in compliance with this authorization. I agree that Jackson will have no further liability with respect to any payments made in accordance with this authorization and may, at any time, discontinue my direct deposit and issue checks to me requiring my personal endorsement. I, for myself, my heirs, executors, administrators, and assigns, do hereby consent and agree that any sums of money deposited to my account after my death shall be refunded to Jackson for distribution to the person or persons, if any, entitled to those sums under the terms of the policy.

Checking Account (tape pre-printed voided check below or provide letter from bank on institution's letterhead; letter must be signed and dated by bank representative)

Savings Account (provide letter from bank on institution's letterhead; letter must be signed and dated by a bank representative)

Note: Policy payments will generate on the day they are due or the next business day and will be deposited into your account within 2-3 business days (receipt of funds may be delayed by a weekend or holiday). All payments from custodian-owned policies will be made payable to the Custodian for both direct deposits and checks.

Do not staple. Do not attach a deposit slip or a starter check.

Account Holder's Name(s) 245 Main St. Anywhere, USA 00000		
Pay To The Order Of _____	\$	<input type="text"/>
Dollars		
-- VOID --		
Your Financial Institution		
Name		
Street Address		
City, State, ZIP	1234	
Your Routing Transit Number	Your Account Number	Your check number

B. **Send check directly to me at my address of record.**

C. **Beneficiary Access Account (BAA).**

Note: If the proceeds due are \$5,000 or greater, you may request that Jackson establish a BAA in your name that permits you to write checks to withdraw your money from the BAA. Money in a BAA remains in a Jackson general account and Jackson will pay you interest on the money. Your BAA will not be FDIC-insured. The BAA option is not available on all policies, in all states, or for corporations, partnerships, trusts, estates or minors.

Signature is required on page 3.



Delivery of Funds Continued: Select One (A-D)

D. **Send check to another Financial Institution for the benefit of (FBO) the Claimant.**

Financial Institution Information:

Name of Financial Institution		Account Number (must be provided)	
<input type="text"/>		<input type="text"/>	
Address (number and street)	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

U.S. Tax Certifications

Under penalties of perjury, I certify that:

- 1. My Social Security Number or Tax ID Number shown on this form is my correct taxpayer identification number.**
- 2. I am not subject to backup withholding.**
- 3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien), and**
- 4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.**

Check this box if the IRS has notified you that you are subject to backup withholding.

For items 3 and 4, if I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable IRS Form W-8 to certify my foreign status and, if applicable, claim treaty benefits. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications to avoid back up withholding.

For Illinois residents only: a valid claim will include interest due and payable from the date of death at a rate of 10% if we do not pay the claim within 31 days from the latest of 1) the date that we receive proof of death, 2) the date we receive sufficient information to determine our liability and the appropriate beneficiary(ies) entitled to the proceeds, or 3) the date that any legal impediments are resolved.

Claimant's Signature	Date Signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Claimant's Printed Name (First)	(Middle)	(Last)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address and Contact Information	
Jackson Claims Administration	
Regular Mail	P.O. Box 30503, Lansing, MI 48909-8003
Overnight Mail	1 Corporate Way, Lansing, MI 48951
Customer Care	888-565-4995
Fax¹	517-706-5513
Email	customer care@jackson.com

¹ A fax cover page is not needed. If you have additional instructions to submit, please complete a Letter of Instruction form (X4250) including owner signature(s) as applicable.



Fraud Information

Alabama residents, please note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska, Arkansas, Delaware, Idaho, Indiana, Kentucky, Louisiana, Minnesota, Ohio, and Pennsylvania residents, please note: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Arizona residents, please note: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California Residents, please note: For your protection, California Law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado residents, please note: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding, or attempting to defraud, the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant in regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia residents, please note: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida residents, please note: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maine, Tennessee, Virginia and Washington residents, please note: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland residents, please note: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire residents, please note: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

New Jersey residents, please note: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico and Rhode Island residents, please note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

Oklahoma residents, please note: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance contract containing any false, incomplete, or misleading information, is guilty of a felony.

Oregon residents, please note: Any person who knowingly and with intent to deceive an insurer, makes a claim for the proceeds of an insurance policy containing materially false information, avoiding definite statements of guilt, is guilty of **insurance fraud, not to conflict with the two-year limit on contestability.**

